


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # V73673 1. Entity Name FLORIDA HEALTHCARE SERVICES, INC.	
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Principal Place of Business 4815 NW 79 AVE., #7 MIAMI, FL 33166	Mailing Address 4815 NW 79 AVE., #7 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0363943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALVAREZ, CARMEN 4815 NW 79 AVE., STE #7 MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000843334 03/11/08-80064-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ALVAREZ, CARMEN 4815 NW 79 AVE #7 MIAMI, FL 33166
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/28/08 305-471-9303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #